

NATIONAL ENDOWMENT FOR THE HUMANITIES

CONSULTATION GRANTS BUDGET FORM

Project Director: _____ **Applicant Organization:** _____

Requested Grant Period: From (mo/yr): _____ **Through (mo/yr):** _____

Salaries and Wages.

Name/title of position of project staff	% of time spent on project x salary	Total
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Fringe Benefits.

Rate	% of	Salary base	Total
_____	% of	\$ _____	\$ _____
_____	% of	\$ _____	\$ _____

Consultant Fees. Include payments for professional and technical consultants and honoraria.

Name/type of consultant	# of days on project	Daily rate of compensation	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Travel. For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. The lowest available commercial fares for coach or equivalent accommodations must be used.

From/To	No. of persons	Total travel days	Subsistence	Transportation	Total
_____	[]	[]	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____

Supplies, Materials, and Services. Include consumable supplies, materials, and services such as duplication, printing, long distance telephone, equipment rental, or postage.

Item	Basis/Method of cost computation	Total
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL PROJECT BUDGET \$ _____